



APPLICATION FOR LICENSE TO OPERATE MUNICIPAL SOLID WASTE TRANSPORTATION VEHICLE(S)

-Please read and follow instructions carefully-

Docket Number: _____
(License number) (Office use only)

USDOT Number: _____

Name in which license is sought: _____

Note: This name shall be identical to the carrier's current KYU Number issued by the
Division of Motor Carriers, if applicable. See Question Number 3 below.

Mailing address: _____

City: _____ State: _____ Zip: _____

If the applicant is a corporation, a copy of it's articles of incorporation and a list of stockholders who own
ten percent (10%) or more of the outstanding stock shall be submitted with this application.

Name of a natural person who is either
the applicant or an officer of the applicant: _____

Social Security number of this person: _____

Home address: _____

City: _____ State: _____ Zip: _____

1. Number of vehicles for which license is sought: _____.

2. If the applicant is NOT a resident of Kentucky, does the applicant anticipate transporting municipal
solid waste from outside Kentucky to a municipal solid waste management facility in Kentucky?

_____ (Yes/No)

If yes, the applicant shall attach a copy of the applicant's "Consent-to-Serve" document required to be
filed with the Natural Resources and Environmental Protection Cabinet.

3. The applicant's Kentucky Highway Use Tax Identification Number (KYU Number) as required by KRS
138.665 is _____.

Note: If the applicant does not currently have a KYU Number, a statement explaining why it's
transportation operations do not fall within purview of KRS 138.665 shall be attached.

4. Does the applicant have, or is the applicant in the process of obtaining liability insurance on each vehicle in which municipal solid waste will be transported in the amounts currently required by Kentucky law? _____ (Yes/No)
5. Has the applicant or any officer or principal stockholder thereof ever been convicted of a felony? _____ (Yes/No)

I, the undersigned official of the above individual, partnership or corporation, after being first duly sworn, state that the above information is true and correct to the best of my knowledge and belief.

Signature of Applicant Official

Official Title

This application shall be notarized

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My commission expires: _____

MUNICIPAL SOLID WASTE TRANSPORTER LICENSE

GENERAL INSTRUCTIONS

MAKE FEES PAYABLE TO 'KENTUCKY STATE TREASURER'

NEW APPLICANTS:

New applicants must complete the form, APPLICATION FOR THE LINCENSE TO OPERATE MUNICIPAL SOLID WASTE TRANSPORTER VEHICLES (form TC-18) **and** the APPLICATION FOR KENTUCKY SOLID WASTE TRANSPORTER VEHICLE IDENTIFICATION CARD (form TC-95-41). If the state of license is Kentucky, the plate number **must be** listed.

The fee for a new license and future additions to an existing license is prorated. The fee schedule is on the form TC 95-41. Licenses expire on December 31st of each year. A renewal form will be mailed to each licensed Municipal Solid Waste Transporter prior to the expiration of their current license.

FUTURE ADDITION OF VEHICLES:

Future additions of vehicles to your Municipal Solid Waste Transporter License must be submitted on the form, Application for Kentucky Solid Waste Transporter Vehicle Identification Card (TC 95- 41). You may find it convenient to maintain a copy of this form for future use. Additions are prorated, refer to the fee schedule on the form. If the state of license is Kentucky, the plate number **must be** listed.

Please note the following:

- To expedite applications, funds will automatically be processed and only those with authorities/licenses in good standing will be processed.
- Information submitted **MUST** be correct and current.
- Licensees will be **notified** of incorrect submittals (applications/funds will not be returned)

APPLICATION FOR KENTUCKY SOLID WASTE TRANSPORTER VEHICLE IDENTIFICATION CARD

CARDS EXPIRE DECEMBER 31st OF EACH YEAR.

I, THE UNDERSIGNED OFFICIAL OF THE NAME LICENSEE AFTER BEING FIRST DULY SWORN, DO HEREBY CERTIFY THAT THE NAME LICENSEE HAS AND SHALL MAINTAIN LIABILITY INSURANCE ON EACH VEHICLE OPERATED UNDER THIS LICENSE. IN ADDITION, I CERTIFY THAT I HAVE ACCESS TO AND AM FAMILIAR WITH ALL APPLICABLE REGULATIONS OF THE U.S. DEPARTMENT OF TRANSPORTATION RELATING TO THE SAFE OPERATION OF COMMERCIAL VEHICLES AND THE SAFE TRANSPORTATION OF HAZARDOUS MATERIALS, AND I WILL COMPLY WITH THESE REGULATIONS.

MUNICIPAL SOLID WASTE TRANSPORTOR LICENSE # _____

DOT NUMBER: _____ KYU NUMBER: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____
(MAILING ADDRESS)

SIGNATURE	TITLE
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SUBSCRIBED AND SWORN TO BEFORE ME ON THIS THE _____ DAY OF _____, 20_____

NOTARY PUBLIC: _____ COMMISSION EXPIRES: _____

CITY STATE ZIP

CONTACT PERSON: _____

TELEPHONE: (_____) _____

IF YOU CURRENTLY HAVE A LICENSE LIST ONLY ADDITIONS

MAKE FEES PAYABLE TO 'KENTUCKY STATE TREASURER'

[illegible]

***TYPE OF TRUCK:**

STRAIGHT TRUCK=**ST**
TRACTOR TRAILER=**TR**
FOLLOWED BY NUMBER OF AXLES

****FEES ARE PRORATED:**

JANUARY:	\$10.00	FEBRUARY:	\$9.17	MARCH:	\$8.34	APRIL:	\$7.50
MAY:	\$6.67	JUNE:	\$5.84	JULY:	\$5.00	AUGUST:	\$4.17
SEPTEMBER:	\$3.34	OCTOBER:	\$2.50	NOVEMBER:	\$1.67	DECEMBER:	\$0.84

MAKE COPIES OF THIS FORM FOR FUTURE ADDITIONS TO YOUR SOLID WASTE TRANSPORTOR LICENCE

For overnight delivery, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622